

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2005</h2>		Complete if Known	
		Application Number	10/719,673
		Filing Date	November 21, 2003
		First Named Inventor	Khosro Khakzadi et al.
		Examiner Name	Eric A. Wiener
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2179
TOTAL AMOUNT OF PAYMENT	(\$ ) 810	Attorney Docket Number	03-1862/L13.12-0251

**METHOD OF PAYMENT** (Check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (Please Identify): \_\_\_\_\_

☒ Deposit Account - Deposit Account Number: 12-2252      Deposit Account Name: LSI Corporation  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	<b>1000</b>
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
24	- 20 or HP = 0 x	50 =	0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 0 x	200 =	0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	810.00
Other: RCE fee	

**SUBMITTED BY**

Signature	/David D. Brush/	Registration No. (Attorney/Agent)	34,557	Telephone: 612-334-3222
Name (Print/Type)	David D. Brush			Date: 10/29/07